



General Assembly

***Substitute Bill No. 1011***

*January Session, 2003*

***AN ACT CONCERNING DEPARTMENT OF SOCIAL SERVICES  
REPORTING REQUIREMENTS TO THE GENERAL ASSEMBLY.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-9 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2003*):

3 The Commissioner of Social Services shall submit an annual report  
4 to the General Assembly no later than January first. The report shall:  
5 (1) Outline the department's goals and objectives; and (2) include  
6 information indicating the department's degree of compliance with all  
7 legislative mandates imposed during the previous year, a timetable for  
8 implementation and compliance with those legislative mandates which  
9 were partially implemented or not implemented in the previous year  
10 and information on the status of legislative mandates until the year  
11 succeeding that in which they are fully implemented. [; (3) include  
12 financial information on all cost disallowances, financial penalty  
13 disallowances, sanctions and fines actually paid during the previous  
14 fiscal year and identify for each such disallowance, sanction and fine  
15 the circumstances leading to its imposition, and (4) identify all  
16 recoveries occurring during the fiscal year for previous years.]

17 Sec. 2. Subsection (a) of section 17b-11 of the general statutes is  
18 repealed and the following is substituted in lieu thereof (*Effective*  
19 *October 1, 2003*):

20 (a) The Commissioner of Social Services is authorized and  
21 empowered to accept any and all allotments of federal funds, federal  
22 funds to match private contributions and commodities, and to manage  
23 and dispose of the same in whatever manner is required by federal  
24 law, and to take advantage of any amendments and supplements to  
25 the federal Social Security Act and of any other federal act relating to  
26 public welfare, and to conform to such federal requirements as are  
27 conditions precedent to the receipt of federal matching grants and are  
28 not prohibited by the general statutes. [The commissioner shall submit  
29 an annual report to the joint standing committee of the General  
30 Assembly having cognizance of matters relating to appropriations and  
31 the budgets of state agencies which sets forth the amount of any  
32 federal funds accepted to match private contributions and the purpose  
33 for which such funds are accepted and used.]

34 Sec. 3. Subsection (b) of section 17b-29 of the general statutes is  
35 repealed and the following is substituted in lieu thereof (*Effective*  
36 *October 1, 2003*):

37 (b) Beginning September 1, 1997, [and monthly thereafter] at  
38 meetings scheduled by the council, the Commissioner of Social  
39 Services and the Labor Commissioner shall update the council on the  
40 implementation of the temporary family assistance program and the  
41 employment services program. The council shall submit  
42 recommendations to the department regarding, but not limited to, the  
43 availability of quality child care and the provision of seamless child  
44 care services, procedures for informing parents and teenagers about  
45 family planning and pregnancy prevention, client education regarding  
46 their rights and responsibilities, the effectiveness of child support  
47 enforcement, the effect of reduced exemptions, time limits and  
48 increased sanctions, the coordination with Medicaid managed care and  
49 health care reform measures and the fiscal impact of these program  
50 changes.

51 Sec. 4. Subsection (g) of section 17b-30 of the general statutes is  
52 repealed and the following is substituted in lieu thereof (*Effective*

53    *October 1, 2003*):

54        (g) The Commissioner of Social Services shall report to the joint  
55    standing committee of the General Assembly having cognizance of  
56    matters relating to human services, in accordance with the provisions  
57    of section 11-4a, on or before January 1, 1997, and annually thereafter,  
58    through January 1, 2004, the following information: (1) The number of  
59    recipients participating in said system; (2) the number of recipients  
60    whose benefits have been discontinued due to their failure to  
61    participate in said system; (3) the cost of implementation and operation  
62    of said system; (4) the amount of savings attributed to the  
63    establishment and operation of said system; and (5) the compatibility  
64    of said system with biometric systems being utilized in surrounding  
65    states. The commissioner shall issue a final report on the  
66    implementation of a biometric identifier system not later than January  
67    1, 2004.

68        Sec. 5. Section 17b-112 of the general statutes is repealed and the  
69    following is substituted in lieu thereof (*Effective October 1, 2003*):

70        (a) The Department of Social Services shall administer a temporary  
71    family assistance program under which cash assistance shall be  
72    provided to eligible families in accordance with the temporary  
73    assistance for needy families program, established pursuant to the  
74    Personal Responsibility and Work Opportunity Reconciliation Act of  
75    1996. Under the temporary family assistance program, benefits shall be  
76    provided to a family for not longer than twenty-one months, except as  
77    provided in subsections (b) and (c) of this section. For the purpose of  
78    calculating said twenty-one-month time limit, months of assistance  
79    received on and after January 1, 1996, pursuant to time limits under  
80    the aid to families with dependent children program, shall be  
81    included. For purposes of this section, "family" means one or more  
82    individuals who apply for or receive assistance together under the  
83    temporary family assistance program.

84        (b) The Commissioner of Social Services shall exempt a family from

85 such time-limited benefits for circumstances including, but not limited  
86 to: (1) A family with a needy caretaker relative who is incapacitated or  
87 of an advanced age, as defined by the commissioner, if there is no  
88 other nonexempt caretaker relative in the household; (2) a family with  
89 a needy caretaker relative who is needed in the home because of the  
90 incapacity of another member of the household, if there is no other  
91 nonexempt caretaker relative in the household; (3) a family with a  
92 caretaker relative who is not legally responsible for the dependent  
93 children in the household if such relative's needs are not considered in  
94 calculating the amount of the benefit and there is no other nonexempt  
95 caretaker relative in the household; (4) a family with a caretaker  
96 relative caring for a child who is under one year of age and who was  
97 born not more than ten months after the family's enrollment if there is  
98 no other nonexempt caretaker relative in the household; (5) a family  
99 with a pregnant or postpartum caretaker relative if a physician has  
100 indicated that such relative is unable to work and there is no other  
101 nonexempt caretaker relative in the household; (6) a family with a  
102 caretaker relative determined by the commissioner to be unemployable  
103 and there is no other nonexempt caretaker relative in the household;  
104 and (7) minor parents attending and satisfactorily completing high  
105 school or high school equivalency programs.

106 (c) A family who is subject to time-limited benefits may petition the  
107 Commissioner of Social Services for six-month extensions of such  
108 benefits. The commissioner shall grant not more than three extensions  
109 to such family who has made a good faith effort to comply with the  
110 requirements of the program and despite such effort has a total family  
111 income at a level below the payment standard, or has encountered  
112 circumstances preventing employment including, but not limited to:  
113 (1) Domestic violence or physical harm to such family's children; or (2)  
114 other circumstances beyond such family's control. The commissioner  
115 shall disregard ninety dollars of earned income in determining  
116 applicable family income. The commissioner may grant a fourth or a  
117 subsequent six-month extension if each adult in the family meets one  
118 or more of the following criteria: (A) The adult is precluded from

119 engaging in employment activities due to domestic violence or another  
120 reason beyond the adult's control; (B) the adult has two or more  
121 substantiated barriers to employment including, but not limited to, the  
122 lack of available child care, substance abuse or addiction, severe  
123 mental or physical health problems, one or more severe learning  
124 disabilities, domestic violence or a child who has a serious physical or  
125 behavioral health problem; (C) the adult is working thirty-five or more  
126 hours per week, is earning at least the minimum wage and continues  
127 to earn less than the family's temporary family assistance payment  
128 standard; or (D) the adult is employed and works less than thirty-five  
129 hours per week due to (i) a documented medical impairment that  
130 limits the adult's hours of employment, provided the adult works the  
131 maximum number of hours that the medical condition permits, or (ii)  
132 the need to care for a disabled member of the adult's household,  
133 provided the adult works the maximum number of hours the adult's  
134 caregiving responsibilities permit. Families receiving temporary family  
135 assistance shall be notified by the department of the right to petition  
136 for such extensions. Notwithstanding the provisions of this section, the  
137 commissioner shall not provide benefits under the state's temporary  
138 family assistance program to a family that is subject to the twenty-one  
139 month benefit limit and has received benefits beginning on or after  
140 October 1, 1996, if such benefits result in that family's receiving more  
141 than sixty months of time-limited benefits unless that family  
142 experiences domestic violence, as defined in Section 402(a)(7)(B), P.L.  
143 104-193. For the purpose of calculating said sixty-month limit: (I) A  
144 month shall count toward the limit if the family receives assistance for  
145 any day of the month, and (II) a month in which a family receives  
146 temporary family assistance benefits that are issued from a jurisdiction  
147 other than Connecticut shall count toward the limit.

148 (d) Medicaid eligibility shall be extended for two years to a family  
149 who becomes ineligible for cash assistance while employed or a family  
150 with an adult who, within six months of becoming ineligible, becomes  
151 employed.

152 (e) Under said program (1) no family shall be eligible that has total

153 gross earnings exceeding the federal poverty level, however, in the  
154 calculation of the benefit amount for eligible families and previously  
155 eligible families that become ineligible temporarily because of receipt  
156 of workers' compensation benefits by a family member who  
157 subsequently returns to work immediately after the period of receipt of  
158 such benefits, earned income shall be disregarded up to the federal  
159 poverty level; (2) the increase in benefits to a family in which an infant  
160 is born after the initial ten months of participation in the program shall  
161 be limited to an amount equal to fifty per cent of the average  
162 incremental difference between the amounts paid per each family size;  
163 and (3) a disqualification penalty shall be established for failure to  
164 cooperate with the biometric identifier system. Except when  
165 determining eligibility for a six-month extension of benefits pursuant  
166 to subsection (c) of this section, the commissioner shall disregard the  
167 first fifty dollars per month of income attributable to child support that  
168 a family receives in determining eligibility and benefit levels for  
169 temporary family assistance.

170 (f) A family receiving assistance under said program shall cooperate  
171 with child support enforcement, under title IV-D of the Social Security  
172 Act. A family shall be ineligible for benefits for failure to cooperate  
173 with child support enforcement.

174 (g) A family leaving assistance at the end of (1) said twenty-one-  
175 month time limit, including a family with income above the payment  
176 standard, or (2) the sixty-month limit shall have an interview for the  
177 purpose of being informed of services that may continue to be  
178 available to such family, including employment services available  
179 through the Labor Department. Said interview shall contain a  
180 determination of benefits available to said family provided by the  
181 Department of Social Services. Said interview shall also include a  
182 determination of whether such family is eligible for food stamps or  
183 Medicaid. Information and referrals shall be made to such a family for  
184 services and benefits including, but not limited to, the earned income  
185 tax credit, rental subsidies emergency housing, employment services  
186 and energy assistance.

187 (h) An applicant or recipient of temporary family assistance who is  
188 adversely affected by a decision of the Commissioner of Social Services  
189 may request and shall be provided a hearing in accordance with  
190 section 17b-60.

191 (i) The commissioner may continue to operate under all or portions  
192 of the federal waivers granted under Section 1115 of the Social Security  
193 Act for the demonstration entitled "Reach For Jobs First".  
194 Notwithstanding continuation of the provisions of said federal  
195 waivers, the commissioner shall continue the evaluation of the  
196 effectiveness of the temporary family assistance program and may  
197 continue to utilize a control group using different program  
198 requirements.

199 [(j) The commissioner shall report, annually on or before November  
200 fifteenth, to the joint standing committees of the General Assembly  
201 having cognizance of matters relating to human services and  
202 appropriations and the budgets of state agencies on the funding  
203 requirements necessary to support the programs funded by the  
204 temporary assistance for needy families block grant.]

205 [(k)] (j) The Commissioner of Social Services shall implement  
206 policies and procedures necessary for the purposes of this section  
207 while in the process of adopting such policies and procedures in  
208 regulation form, provided the commissioner prints notice of intention  
209 to adopt the regulations in the Connecticut Law Journal within twenty  
210 days of implementing such policies and procedures. Final regulations  
211 shall be submitted to the legislative regulation review committee no  
212 later than November 15, 1997. Policies and procedures implemented  
213 pursuant to this subsection shall be valid until the time final  
214 regulations are effective.

215 Sec. 6. Subsection (n) of section 17b-179 of the general statutes is  
216 repealed and the following is substituted in lieu thereof (*Effective*  
217 *October 1, 2003*):

218 (n) Each year, on or before [January] April first, the IV-D agency, in

219 accordance with section 11-4a, shall submit to the joint standing  
220 committees of the General Assembly having cognizance of matters  
221 relating to judiciary and human services [a] an assessment report on  
222 the [execution] administration and performance of the child support  
223 enforcement program [, including the status of compliance with  
224 established performance standards,] during the preceding federal  
225 fiscal year.

226 Sec. 7. Section 17b-261 of the general statutes is repealed and the  
227 following is substituted in lieu thereof (*Effective October 1, 2003*):

228 (a) Medical assistance shall be provided for any otherwise eligible  
229 person whose income, including any available support from legally  
230 liable relatives and the income of the person's spouse or dependent  
231 child, is not more than one hundred forty-three per cent, pending  
232 approval of a federal waiver applied for pursuant to subsection (d) of  
233 this section, of the benefit amount paid to a person with no income  
234 under the temporary family assistance program in the appropriate  
235 region of residence and if such person is an institutionalized  
236 individual as defined in Section 1917(c) of the Social Security Act, 42  
237 USC 1396p(c), and has not made an assignment or transfer or other  
238 disposition of property for less than fair market value for the purpose  
239 of establishing eligibility for benefits or assistance under this section.  
240 Any such disposition shall be treated in accordance with Section  
241 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of  
242 property made on behalf of an applicant or recipient or the spouse of  
243 an applicant or recipient by a guardian, conservator, person  
244 authorized to make such disposition pursuant to a power of attorney  
245 or other person so authorized by law shall be attributed to such  
246 applicant, recipient or spouse. A disposition of property ordered by a  
247 court shall be evaluated in accordance with the standards applied to  
248 any other such disposition for the purpose of determining eligibility.  
249 The commissioner shall establish the standards for eligibility for  
250 medical assistance at one hundred forty-three per cent of the benefit  
251 amount paid to a family unit of equal size with no income under the  
252 temporary family assistance program in the appropriate region of



253 residence, pending federal approval, except that the medical assistance  
254 program shall provide coverage to persons under the age of nineteen  
255 up to one hundred eighty-five per cent of the federal poverty level  
256 without an asset limit. On and after January 1, 2001, said medical  
257 assistance program shall also provide coverage to persons under the  
258 age of nineteen and their parents and needy caretaker relatives who  
259 qualify for coverage under Section 1931 of the Social Security Act with  
260 family income up to one hundred fifty per cent of the federal poverty  
261 level without an asset limit, upon the request of such a person or upon  
262 a redetermination of eligibility. Such levels shall be based on the  
263 regional differences in such benefit amount, if applicable, unless such  
264 levels based on regional differences are not in conformance with  
265 federal law. Any income in excess of the applicable amounts shall be  
266 applied as may be required by said federal law, and assistance shall be  
267 granted for the balance of the cost of authorized medical assistance. All  
268 contracts entered into on and after July 1, 1997, pursuant to this section  
269 shall include provisions for collaboration of managed care  
270 organizations with the Healthy Families Connecticut Program  
271 established pursuant to section 17a-56. The Commissioner of Social  
272 Services shall provide applicants for assistance under this section, at  
273 the time of application, with a written statement advising them of the  
274 effect of an assignment or transfer or other disposition of property on  
275 eligibility for benefits or assistance.

276 (b) For the purposes of the Medicaid program, the Commissioner of  
277 Social Services shall consider parental income and resources as  
278 available to a child under eighteen years of age who is living with his  
279 or her parents and is blind or disabled for purposes of the Medicaid  
280 program, or to any other child under twenty-one years of age who is  
281 living with his or her parents.

282 (c) For the purposes of determining eligibility for the Medicaid  
283 program, an available asset is one that is actually available to the  
284 applicant or one that the applicant has the legal right, authority or  
285 power to obtain or to have applied for the applicant's general or  
286 medical support. If the terms of a trust provide for the support of an

287 applicant, the refusal of a trustee to make a distribution from the trust  
288 does not render the trust an unavailable asset. Notwithstanding the  
289 provisions of this subsection, the availability of funds in a trust or  
290 similar instrument funded in whole or in part by the applicant or the  
291 applicant's spouse shall be determined pursuant to the Omnibus  
292 Budget Reconciliation Act of 1993, 42 USC 1396p. The provisions of  
293 this subsection shall not apply to special needs trust, as defined in 42  
294 USC 1396p(d)(4)(A).

295 (d) The transfer of an asset in exchange for other valuable  
296 consideration shall be allowable to the extent the value of the other  
297 valuable consideration is equal to or greater than the value of the asset  
298 transferred.

299 [(e) On or before January 15, 1994, and annually thereafter, the  
300 Department of Social Services shall submit a report to the General  
301 Assembly in accordance with section 11-4a which sets forth the  
302 following: The number of children receiving Medicaid services; the  
303 number of children receiving medical treatment at any state or  
304 municipal health care facility; the number of doctors and dentists  
305 participating in state or municipally-funded programs; and the  
306 percentage of children treated in medical programs whose family  
307 income is less than one hundred thirty-three per cent of the federal  
308 poverty level and the number whose family income is greater than one  
309 hundred thirty-three per cent but not more than one hundred eighty-  
310 five per cent of the federal poverty level. On and after October 1, 1996,  
311 the report shall be submitted to the joint standing committee of the  
312 General Assembly having cognizance of matters relating to human  
313 services and, upon request, to any member of the General Assembly. A  
314 summary of the report shall be submitted to each member of the  
315 General Assembly if the summary is two pages or less and a  
316 notification of the report shall be submitted to each member if the  
317 summary is more than two pages. Submission shall be by mailing the  
318 report, summary or notification to the legislative address of each  
319 member of the committee or the General Assembly, as applicable.]

320        [(f)] (e) The Commissioner of Social Services shall seek a waiver  
321 from federal law to permit federal financial participation for Medicaid  
322 expenditures for families with incomes of one hundred forty-three per  
323 cent of the temporary family assistance program payment standard.

324        Sec. 8. Section 17b-279 of the general statutes is repealed and the  
325 following is substituted in lieu thereof (*Effective October 1, 2003*):

326        The Commissioner of Social Services shall verify the propriety and  
327 reasonableness of payments to providers for drugs provided to  
328 Medicaid recipients through field audit examinations and other  
329 reasonable means to the extent possible within available  
330 appropriations. The commissioner shall document financial and  
331 utilization statistics as to drugs provided to Medicaid recipients by  
332 therapeutic category and shall outline problems encountered in the  
333 administration of prescription drug utilization in the Medicaid  
334 program, suggested solutions and any recommendations for  
335 improvement. [The commissioner shall submit a report, on or before  
336 February 15, 1990, and annually thereafter, documenting the results of  
337 the verification process, the financial and utilization statistics, the  
338 problems encountered, suggested solutions and recommendations to  
339 the joint standing committee of the General Assembly having  
340 cognizance of matters relating to human services and appropriations.]

341        Sec. 9. Subsection (a) of section 17b-341 of the general statutes is  
342 repealed and the following is substituted in lieu thereof (*Effective*  
343 *October 1, 2003*):

344        (a) The Commissioner of Social Services shall determine annually,  
345 after a public hearing, the rates to be charged to self-pay patients in  
346 any of the following licensed facilities if the facility does not have a  
347 provider agreement with the state to provide services to recipients of  
348 benefits obtained through Title XIX of the Social Security Amendments  
349 of 1965, except a facility that did not have a provider agreement in  
350 effect as of January 1, 1991, or had entered into a limited provider  
351 agreement before January 1, 1991: Chronic and convalescent nursing

352 homes, chronic disease hospitals associated with chronic and  
353 convalescent nursing homes and rest homes with nursing supervision.  
354 Each such facility that does have such a provider agreement, each such  
355 facility that did not have a provider agreement in effect as of January 1,  
356 1991, or had entered into a limited provider agreement before January  
357 1, 1991, and each residential care home shall determine its own self-  
358 pay rates. Rates determined pursuant to this section shall be effective  
359 July 1, 1991, and on July first of each year thereafter through June 30,  
360 1993, and shall be determined for each facility individually, on the  
361 basis of payment for the reasonable costs of providing all services. All  
362 self-pay patients shall be given notice of a rate increase at least thirty  
363 days prior to the effective date of such rate increase. In determining  
364 rates to be charged to self-pay patients the commissioner shall: (1)  
365 Consider the quality of care provided by each facility, based on  
366 information which the Department of Public Health shall provide to  
367 the commissioner, and any testimony or information received from  
368 other interested parties; and (2) take into account the relevant cost  
369 considerations set forth in section 17b-340 and in the regulations  
370 adopted in accordance with subsection (a) of section 17b-238. Such  
371 regulations shall include but not be limited to the establishment of a  
372 formula for allowing profit or an operating surplus, and a fair rate of  
373 return on invested capital or equity. Nothing in this section shall  
374 authorize the commissioner to set a rate lower than the rate set under  
375 section 17b-340 for comparable services. As used in this section "self-  
376 pay patient" means a patient who is not receiving state or municipal  
377 assistance to pay for the cost of care. Each facility determining its own  
378 self-pay rates shall report such rates to the commissioner upon  
379 determination and upon any modification. The commissioner shall  
380 document each rate so reported and each rate determined for a facility  
381 by the commissioner pursuant to this section. [and shall report all such  
382 rates to the joint standing committee of the General Assembly having  
383 cognizance of matters relating to human services on or before  
384 December 31, 1992.] Each facility shall charge any self-pay patient who  
385 is insured under a long-term care insurance policy which is  
386 precertified pursuant to section 38a-475 a rate which is at least five per

387 cent less than the rate charged other self-pay patients.

388 Sec. 10. Subsection (d) of section 17b-495 of the general statutes is  
389 repealed and the following is substituted in lieu thereof (*Effective*  
390 *October 1, 2003*):

391 (d) The commissioner shall submit [quarterly reports, within thirty  
392 days after the end of each fiscal quarter,] an annual report, in  
393 accordance with section 11-4a, to the Governor and the chairpersons of  
394 the joint standing committees of the General Assembly having  
395 cognizance of matters relating to appropriations and the budgets of  
396 state agencies and public health. The report shall include a copy of the  
397 most recent report of the fiscal intermediary, if any, and (1) the number  
398 of consumers eligible for the program, (2) the number of consumers  
399 utilizing the program, (3) an outline of and a report on the educational  
400 outreach program, (4) the number of appeals, (5) an outline of  
401 problems encountered in the administration of the program and  
402 suggested solutions and any recommendations to enhance the  
403 program.

404 Sec. 11. Section 17b-688h of the general statutes is repealed and the  
405 following is substituted in lieu thereof (*Effective October 1, 2003*):

406 (a) The Labor Department and the Department of Social Services  
407 shall enter into a memorandum of understanding, to be effective not  
408 later than September 1, 1997, for the purpose of enhancing the  
409 effectiveness of the delivery of employment services to recipients of  
410 temporary assistance for needy families. The memorandum of  
411 understanding shall include, but not be limited to, providing for (1) the  
412 identification and reduction of duplicative services; (2) the  
413 coordination of contracts for employment services; (3) the  
414 maximization of federal funds through the JOB Training Partnership  
415 Act which may include seeking any necessary federal waiver; and (4)  
416 studying the feasibility of integrating services to provide a one-stop  
417 process for recipients seeking services.

418 (b) Effective July 1, 1998, the Labor Department shall be responsible

419 for the negotiation, establishment, modification, extension, suspension  
420 or termination of contracts for employment services. The Labor  
421 Department may provide administration and services directly or  
422 through the Connecticut Employment and Training Commission or  
423 regional workforce development boards.

424 (c) The Labor Department and the Department of Social Services  
425 shall establish a pilot program in each of two regions commencing July  
426 1, 1997, for the purpose of providing employment retention services.

427 [(d) The Labor Department and the Department of Social Services  
428 shall report on the implementation of sections 17b-688b, 17b-688c and  
429 this section to the joint standing committees of the General Assembly  
430 having cognizance of matters relating to labor and human services, the  
431 Office of Policy and Management, the Connecticut Employment and  
432 Training Commission and the advisory council established pursuant to  
433 section 122 of public act 97-2 of the June 18 special session\* on or  
434 before February 15, 1998.]

435 [(e)] (d) Effective July 1, 1997, the Labor Department shall transfer to  
436 the Department of Social Services the sum of nine million dollars.  
437 Effective December 1, 1997, the Labor Department shall transfer to the  
438 Department of Social Services the sum of eight million five hundred  
439 thousand dollars. The five million dollars remaining in the budget of  
440 the Labor Department designated for employment services for  
441 recipients of temporary family assistance shall be used for the  
442 computerized interagency information management system to be  
443 developed pursuant to section 17b-688c, and for the pilot programs to  
444 be established pursuant to subsection (b) of this section, and for  
445 administrative costs associated with such computerized system and  
446 such pilot programs.

447 Sec. 12. Section 17b-362a of the general statutes is repealed and the  
448 following is substituted in lieu thereof (*Effective October 1, 2003*):

449 The Commissioner of Social Services shall establish a pharmacy  
450 review panel to serve as advisors in the operation of pharmacy benefit

451 programs administered by the Department of Social Services,  
452 including the implementation of any cost-saving initiatives undertaken  
453 pursuant to section 17b-362 [.] and subsection (e) of section 17b-491,  
454 [and section 17b-363.] The panel shall be appointed by the  
455 commissioner to a three-year term and shall be composed of two  
456 representatives of independent pharmacies, two representatives of  
457 chain pharmacies, two representatives of pharmacies that serve long-  
458 term care facilities, two representatives of pharmaceutical  
459 manufacturers, one physician specializing in family practice and one  
460 physician specializing in internal medicine or geriatrics. The panel  
461 shall meet at least quarterly with the commissioner or said  
462 commissioner's designee.

463 Sec. 13. Subsection (b) of section 17b-3 of the general statutes is  
464 repealed and the following is substituted in lieu thereof (*Effective*  
465 *October 1, 2003*):

466 (b) The Commissioner of Social Services [is authorized to] shall do  
467 all things necessary to apply for, qualify for and accept any federal  
468 funds made available or allotted under any federal act for social  
469 service development, or any other projects, programs or activities  
470 which may be established by state or federal law, for any of the  
471 purposes or activities related thereto, and said commissioner shall  
472 administer any such funds allotted to the department in accordance  
473 with applicable state and federal law. Not later than July 1, 2004, and  
474 annually thereafter, the commissioner shall submit a report, in  
475 accordance with section 11-4a, to the joint standing committees of the  
476 General Assembly having cognizance of matters relating to  
477 appropriations and the budgets of state agencies and human services  
478 which sets forth (1) the amount of any federal funds applied for,  
479 qualified for, accepted and allotted, (2) the purposes for which such  
480 funds are to be used, and (3) any other information which the  
481 commissioner deems pertinent concerning the department's ability to  
482 access federal funds. The commissioner may enter into contracts with  
483 the federal government concerning the use and repayment of such  
484 funds under any such federal act, the prosecution of the work under

485 any such contract and the establishment of and disbursement from a  
486 separate account in which federal and state funds estimated to be  
487 required for plan preparation or other eligible activities under such  
488 federal act shall be kept. Said account shall not be a part of the General  
489 Fund of the state or any subdivision of the state.

490 Sec. 14. (*Effective October 1, 2003*) Sections 17b-17, 17b-18, 17b-286  
491 and 17b-363 of the general statutes are repealed.

This act shall take effect as follows:	
Section 1	<i>October 1, 2003</i>
Sec. 2	<i>October 1, 2003</i>
Sec. 3	<i>October 1, 2003</i>
Sec. 4	<i>October 1, 2003</i>
Sec. 5	<i>October 1, 2003</i>
Sec. 6	<i>October 1, 2003</i>
Sec. 7	<i>October 1, 2003</i>
Sec. 8	<i>October 1, 2003</i>
Sec. 9	<i>October 1, 2003</i>
Sec. 10	<i>October 1, 2003</i>
Sec. 11	<i>October 1, 2003</i>
Sec. 12	<i>October 1, 2003</i>
Sec. 13	<i>October 1, 2003</i>
Sec. 14	<i>October 1, 2003</i>

**HS**            *Joint Favorable Subst.*

**APP**          *Joint Favorable*